#### Juan Enrique Segarra, USCCI Traductor/Intérprete – Translator/Interpreter P.O. Box 9023853 San Juan, P.R. 00902-3853

Cel. Ph.: (787) 633-4057 E-mail: jesegarra@gmail.com

October 13, 2010

Attention:

Medsci Diagnostics Inc. Son Sid Condominium Suite 1, 1319 Ashford Ave. San Juan, P.R. 00907 T. 787.723.9393

Re:

Interpreter service for deposition.

Case:

No. 10-00094(ESL)

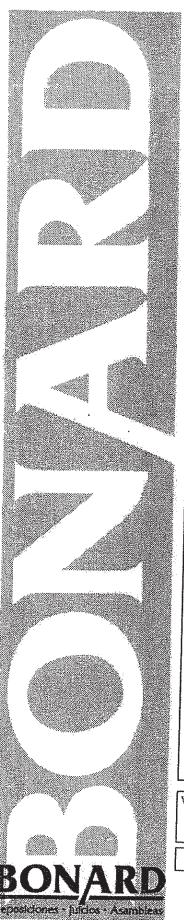
#### **INVOICE**

DATE	RATE	HOUR	COST
10-13-10	\$85./hour	Service cancelled (Minimum fee 2/hours)	\$170.00
		least 2 working days advance notice. e are subject to a two hour cancellation	Cancellations n fee.
TOTAL:			\$170.00

Thanks for the opportunity to be of service.

Sincerely,

Juan E. Segarra



### BONARD INTERNATIONAL CORP.

## Invoice

URB. FAIR VIEW B-13 CALLE1 SAN JUAN, PR 00926 787-755-5349 / bonard@prw.net

Date	Invoice #		
9/30/2010	09-2071		

Bill To

Medsci Diagnostic
Cond. Son Sid, Suite 1319
Ave. Ashford
San Juan, P.R., 00907
787-723-9393

	Case Number	
10-0094		
Plaintiff		
	Medsci Diagnostic	
Defendant		
	CFSE	

Terms

Item	Description	Qty	Rate	Amount
Appearance All Day Depositions Regular Ing. Condensed Pages	6 de julio de 2010 Jorge Garcia	77 20	100.00 4.50 0.25	100.00 346.50 5.00
Depositions Regular Ing. Condensed Pages Handling and Delivery		78 20	4.50 0.25 10.00	351.00 5.00 10.00

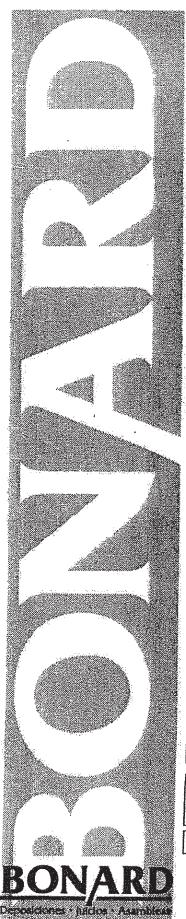
We appreciate your prompt payment.

**Total** 

\$817.50

МЕМО

Please pay promptly. A \$35.00 fee will be charge for any outstanding balance monthly.



#### BONARD INTERNATIONAL CORP.

URB. FAIR VIEW B-13 CALLE1 SAN JUAN, PR 00926

# Invoice

Date	Invoice #		
7/14/2010	09-2011		

Bill To

Medsci Diagnostic
Cond. Son Sid, Suite 1319
Ave. Ashford
San Juan, P.R., 00907
787-723-9393

787-755-5349 / bonard@prw.net

Case Number		
	10-0094	
Plaintiff		***************************************
	Medsci Diagnostic	
Defendant		
	State Insurance Fund Corp	

Terms

Item	Description	Qty	Rate	Amount
Appearance Half Day	14 de julio de 2010		75.00	75.00
Depo. Ing Rush 3 day	Felix Rodriguez	7	5.00	35.00
Exhibits	9 Pages	9	0.25	2.25
Depo. Ing Rush 3 day	State Insurance Fund	7	5.00	35.00
Exhibits	4 Pages	4	0.25	1.00
Handling and Delivery		T	10.00	10.00
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We appreciate your prompt payment.

**Total** 

\$158.25

МЕМО

Please pay promptly. A \$35.00 fee will be charge for any outstanding balance monthly.